ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH Registered N STANDARD CERTIFICATE OF BIRTH District or Township (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make 2. Full name of chile supplemental report, as directed. 3. Sex of Child 4. Twin, triplet or other. 6. Legitimate? To be answered ONLY 7. Date in event of plural births. 5. No., in order of birth. FATHER 14. MOTHER Full name Full maiden name 15. Residence 9. Residence (Usual place of abode) (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 16. Color or race 10. Color or race 11. Age at last birthday 36 (Years) M lil. 17. Age at last birthday. 18. Birthplace (city or place) 12. Birthplace (city or place) (State or country) (State or country) 19. Occupation 13. Occupation Nature of industry Nature of industry 20. Number of children of this mother. (a) Born alive and now living... Were precautions taken against ophthalmia neonatorum (b) Born alive but now dead (Taken as of time of birth of child herein (c) Stillborn... certified and including this child). CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE * I hereby certify that I attended the birth of this child, who was * When there was no attending physician Signature 10 or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife). Given name added from a supplemental report Month, day, year Registrar.